

IN THE UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF VIRGINIA

COMPLAINT UNDER CIVIL RIGHTS ACT 42 U.S.C. § 1983

Action Number _____

(To be supplied by the Clerk, U.S. District Court)

Please fill out this complaint form completely. The Court needs the information requested in order to assure that your complaint is processed as quickly as possible and that all your claims are addressed. Please print/write legibly or type.

I. PARTIES

A. Plaintiff:

1. (a) Barry Williams (b) 1052921
(Name) (Inmate number)
- (c) P.O.B. 1000
(Address)
- Chatham VA 24531

Plaintiff MUST keep the Clerk of Court notified of any change of address due to transfer or release. If plaintiff fails to keep the Clerk informed of such changes, this action may be dismissed.

Plaintiff is advised that only persons acting under the color of state law are proper defendants under Section 1983. The Commonwealth of Virginia is immune under the Eleventh Amendment. Private parties such as attorneys and other inmates may not be sued under Section 1983. In addition, liability under Section 1983 requires personal action by the defendant that caused you harm. Normally, the Director of the Department of Corrections, wardens, and sheriffs are not liable under Section 1983 when a claim against them rests solely on the fact that they supervise persons who may have violated your rights. In addition, prisons, jails, and departments within an institution are not persons under Section 1983.

B. Defendant(s):

1. (a) Harold Clarke (b) VADOC Director
(Name) (Title/Job Description)
- (c) P.O.B. 26963
(Address)
- Richmond VA 23261

2. (a) David Robinson (Name) (b) chief of operations VADOC (Title/Job Description)
 (c) P.O.B. 26963 (Address)
Richmond V.A. 23261
3. (a) Dr. Wang (Name) (b) Head Doctor for GROC (Title/Job Description)
 (c) P.O.B. 1000 (Address)
Chatham, V.A. 24531

If there are additional defendants, please list them on a separate sheet of paper. Provide all identifying information for each defendant named. "SEE ATTACHMENT B"

Plaintiff MUST provide a physical address for defendant(s) in order for the Court to serve the complaint. If plaintiff does not provide a physical address for a defendant, that person may be dismissed as a party to this action.

II. PREVIOUS LAWSUITS

- A. Have you ever begun other lawsuits in any state or federal court relating to your imprisonment? Yes [] No [☒]
- B. If your answer to "A" is Yes: You must describe any lawsuit, whether currently pending or closed, in the space below. If there is more than one lawsuit, you must describe each lawsuit on another sheet of paper, using the same outline, and attach hereto.

1. Parties to previous lawsuit:

Plaintiff(s) N/A
 Defendant(s) N/A
N/A

2. Court (if federal court, name the district; if state court, name the county):

N/A

3. Date lawsuit filed: N/A

4. Docket number: N/A

5. Name of Judge to whom case was assigned: N/A

6. Disposition (Was case dismissed? Appealed? Is it still pending? What relief was granted, if any?):

N/A

III. GRIEVANCE PROCEDURE

A. At what institution did the events concerning your current complaint take place: _____

Sussex II

B. Does the institution listed in "A" have a grievance procedure? Yes [☒] No [☐]

C. If your answer to "B" is Yes:

1. Did you file a grievance based on this complaint? Yes [☐] No [☐]

2. If so, where and when: _____

3. What was the result? unfounded

4. Did you appeal? Yes [☒] No [☐]

5. Result of appeal: unfounded

D. If there was no prison grievance procedure in the institution, did you complain to the prison authorities? Yes [☐] No [☐]

If your answer is Yes, what steps did you take? N/A

E. If your answer is No, explain why you did not submit your complaint to the prison authorities:

N/A

IV. STATEMENT OF THE CLAIM

State here the facts of your case. Describe how each defendant is involved and how you were harmed by their action. Also include the dates, places of events, and constitutional amendments you allege were violated.

If you intend to allege several related claims, number and set forth each claim in a separate paragraph. Attach additional sheets if necessary.

"SEE ATTACHMENT 'A'"

"ATTACHMENT A"

1. Prison officials are obligated under the (8TH) Eighth Amendment to provide prisoners with adequate medical care. *Estelle v. Gamble* 429 U.S. 97, 103 (1976).
2. If prison official demonstrates "different indifference" if the recklessly disregards a substantial risk of harm to prisoner. *See Farmer v. Brennan* 511 U.S. 825, 836 (1994).
Where petitioner was an Virginia Department of Corrections Inmate and was housed at Sussex II prison was walking down the stairs with trays in his hands fall down the stairs and injured his self all the which in the care of VADOC. This incident has caused serious medical issue to the petitioner to the point that the petitioner is receiving chronic care as a result of the injuries substanded from that event.
3. The (8TH) eighth Amendant prohibits the unnecessary and wanton infliction of pain, *Estelle v. Gamble*, 429 U.S. at 104 ~~serious~~ ^{serious} medical needs; ① whether a reasonable doctor or patient would ~~notice~~ perceive the medical need in question as important and worthy of comment or treatment.
② whether the medical condition significantly affects daily activities. well the right side of my body is deteriorating to the point that my body movements are effective and I'm in constane pain. This is not a pulled muscle nor will it heal it's self, petitioner needs Surgery.
③ The mere existance of chronic and substatatal pain. Well, I have weared thought because the pain is so bad, I cant sleep on my right side. pain can constitute a serious medical need even if the failure to treat aren't life-theratening.
4. A serious medical need is present whenever the failure to treat a prisoner's condition could result in further significant injury or the unnecessary and wanton infliction of pain. *See Clement v. Gomez*, 298 F3d 898, 904 (9TH Cir 2002); Petitioners' United States constitution 14TH Amendment due process right is being violated and petitioners Federal United States constitution 5TH Amenmend due process right is being violated.

5. On or around March of 2014, I was carrying trays down the stairs and I fall down. I sustained an injury as a result of that and now I'm being deprived adequate medical treatment. I exhausted all my state remedies but to no avail as the medical department at Green Rock correctional center is being negligence in handling my current issue. In *Estelle v. Gamble*, 429 U.S. 97, 103 (1976) as an inmate must rely on prison authorities to treat his medical needs; if authorities fail to do so, those needs will not be met. The prison officials here at (Green Rock correctional center herein after GROC), are clearly aware of my serious medical needs. As the prison officials fail to reasonably respond and delay my being able to access treatment, In *Hill v. Dekalb Reg'l Youth Det. Ctr.*, 40 F.3d 1176, 1187 (11th Cir. 1994), "One that has been diagnosed by a physician as mandating treatment or one that is so obvious that even a lay person would easily recognize the necessity for a doctor's attention," defining a deliberate indifference.

6. My injury took place at Sessex II state prison, then I was transferred to Augusta Correctional center and now as of today I'm currently at GROC. A lot of wasted tax payers money was put forth into my being transferred from facility to facility thus delaying and hindering petitioner from receiving the proper medical treatment petitioner is seeking and deserves - I am a chronic care patient and I'm in fear of my health and mental state of mind because my leg is deteriorating and I can possibly lose my limb. See Exhibits - which is included within this civil 1983 form.

7. The medical department at Sussex II state prison documented in an effort to allude the law and my rights, stated there is nothing wrong with the petitioner. On or around May 5, 2014; I wrote a request to Sussex II state prison about my injury that occurred with my falling down the stairs in the pool. When visiting doctor Inder Jeet Singh Gajral, I was told by what he saw was nothing wrong with petitioner and the test results came back normal besides a little bit of arthritis. I was told that nothing else could be done and I need to exercise to build my muscles back up. I complained more and I wrote Congressman Robert "Bobby" Scott, then I was transferred to Augusta Correctional Center, (herein after ACC). SEE exhibits included within this 1983 form. The medical department at ACC, sent me to Augusta Health Center on October 5, 2016, for an MRI which stated contrary to Sussex II prison's medical department. Infact the MRI results showed there was multilevel degenerative disc disease without significant disc space-narrowing, L4 + L5 nerve damage, degenerative changes in the facet joints, disc bulge, foraminal disc herniation, small disc bulges and multilevel developmental stenosis. The ACC stated that's why I was transferred to GROC because the facility was a good medical facility with less stairs and level pavement to walk on. But prior to arriving I had an appointment back at UVA medical center for a follow-up with my provider Andrew C. Richlow, M.D., whom recommended petitioner for therapy. Neither was therapy or a follow-up was done after telling Dr. Lawrence Wang who neglected to honor petitioners' treatment to outside care providers.

8. In *United States v. Classic*, 313 U.S. 299; 41 S. Ct. 1031 (U.S. CA 1941) "Misuse of power possessed by virtue of state law and made possible only because the wrongdoer is clothed within the authority of state law is taken action. 'Under color of state law' Within the state making it a penal offense for anyone who, acting under color of ~~law~~, willfully subjects or cause to be subjected any inhabitant of any state to deprivation of any rights, privileges or immunities secured or protected by federal laws and constitution."

as for petitioners' claim, even though the x-ray came back abnormal doctor Wang still refuses to send petitioner to an outpatient hospital to get properly checked out as I have very limited use of my right leg and constant pain on my right side.

the petitioner states had he been on the streets, he would have went to the "emergency room immediately" and the pain and suffering and mental duress and emotional distress petitioner suffered since 2014, would have never occurred. This is inappropriate and inconsistent with operating procedure 720.2, of the Virginia Department of Corrections standards. Due to the parties involved in this 1983 motion the petitioner is being mistreated and all defendants involved in this 1983 motion has been negligence in dealing with petitioners injury. This is cruel and unusual punishment as petitioners' injury is severe and serious enough that petitioner could lose a limb. Petitioners' 8th amendment right to the united states constitutional is in violation, due to cruel and unusual punishment, petitioners' is being treated with deliberate to medical needs. *McAlphin v. Toney*, 281 F.3d 109, 111 (8th Cir 2002) (imminent danger exception satisfied when prisoner, alleging deliberate indifference to medical needs, had 2 teeth that need extraction due to spreading infection). Petitioner requesting that VADOC, GROC staff doesn't retaliate against petitioner by transferring him to another VADOC facility.

V. RELIEF

I understand that in a section 1983 action the Court cannot change my sentence, release me from custody or restore good time. I understand I should file a petition for a writ of habeas Corpus if I desire this type of relief. BBW (please initial)

The plaintiff wants the court to: (check these remedies you seek)

The plaintiff is suing all defendants in their "individual and official capacities" each

✓ Award money for compensatory damages in the amount of \$ 200,000.00

✓ Award money in punitive damages in the amount of \$ 200,000.00

✓ Award money for mental anguish and emotional distress damages in the amount of \$ 200,000.00

✓ Grant injunctive relief by compelling VADOC staff to send inmate to neurologist specialist to have surgery.

✓ OTHER: Investigate and Remedy per VADOC policy

PLACES OF INCARCERATION

Please list the institutions at which you were incarcerated during the last six months. If you were transferred this period.

N/A

VII.

CONSENT

Consent to trial by a magistrate Judge: The parties are advised of their right, pursuant to 28 U.S.C. Section 636(c) to have a U.S. Magistrate Judge preside over a trial, with appeal to the U.S. Court of Appeals for the fourth Circuit. Do you consent to proceed before a U.S. Magistrate Judge? Yes ☒ NO ☐ You may consent to proceed, at anytime; however, an early consent is encouraged.

VIII.

SIGNATURE

Bruce Williams

If there is more than one plaintiff, each plaintiff must sign for himself or herself.

Commonwealth of Virginia

County of Chatham to-wit:

The foregoing petition was acknowledged before me on 14th day of May 2020.

Notary Public: Tyler B. Lewis
my commission expires: 7701545

"I certify that the above notary is not a party of this action."

Bruce Williams



IN THE UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF VIRGINIA

Barry Williams #1052921,
Plaintiff,

v.

Harold Clarke, VADOC, Director, et al.,
Defendants,

MOTION TO INCORPORATE AFFIDAVIT OF EXHIBITS INTO OFFICIAL RECORDS

Comes Now, plaintiff, prose Barry Williams being first duly sworn
under penalty of perjury that the following Affidavit with Exhibits is
true and correct.

RESPECTFULLY SUBMITTED,

Barry Williams

1 CLAIM; AFFIDAVITS; EXHIBITS: which is
Congressman "Bobby" Scott; Informal Complaint; Grievances

State of Virginia, County of Pittsylvania, to wit
Subscribed and sworn to, before me, a notary public, this 13th day of
May, 2020.

Tyler B. Lewis Notary Public

my commission expires: 10-31-2020



I certify that the above notary
is not a party of this action.
Barry Williams

AFFIDAVIT

I, Barry Williams #1052921, respectfully state as follows:

On or around March of 2014, I fell down the stairs at
Sessex II, while being an offender in the care of Virginia
Department of Corrections-

I swear the foregoing statements are true and correct to the best of my knowledge and belief and all statements are based on personal knowledge of events described. I understand if I have knowingly made false statements I may be subject to prosecution for perjury.

Barry Williams
Affiant

State of Virginia, County of Pittsylvania, to wit:

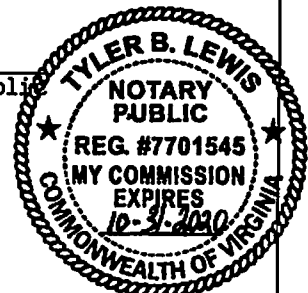
Subscribed and sworn to, before me, a Notary Public, this 13th day of May, 2020.

Tyler B. Lewis
Notary Public

My Commission Expires: 10-31-2020

"I certify that the above notary
is not a party of this action."

Barry Williams



AFFIDAVIT IN FORMA PAUPERIS

STATE OF VIRGINIA:

CITY/COUNTY OF Chatham

I, Barry Williams, being duly sworn declare:

1. I am currently incarcerated;
2. I am unable to pay the cost of this action or give security therefore;
3. My assets amount to a total of \$ 0.

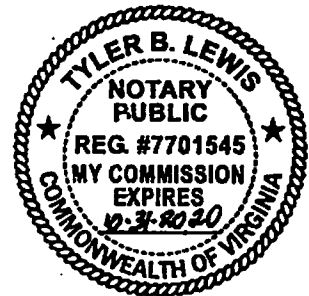
Barry Williams
Signature

5/13/20
Date

Sworn to before me this 13th day of May, 2020.

Tyler B. Lewis
Notary Public

My commission expires: 10-31-2020



"I certify that the above notary
is not a party of this action."

Barry Williams

IN FORMA PAUPERIS AFFIDAVIT

IN THE UNITED STATES DISTRICT COURT

EASTERN DISTRICT OF VIRGINIA

(Insert appropriate court)

Barry Williams

(Petitioner/Plaintiff)

AFFIDAVIT IN SUPPORT
OF REQUEST
TO PROCEED

IN FORMA PAUPERIS

v. Civil Action No. : _____

Harold Clarke, Director, et al.

(Respondent(s)/Defendant(s))

I, Barry Williams, being first duly sworn, depose and say that I am the petitioner in the above entitled case; I bring this 1983 civil suit (identify the nature of the action); that in support of my motion to proceed without being required to prepay fees, costs or give security therefor, I state that because of my poverty I am unable to pay the costs of said proceeding or give security therefor; that I believe I am entitled to relief.

I further swear that the responses which I have made to questions and instructions below are true.

1. Are you presently employed? Yes () No ()
 - a. If the answer is "yes," state the amount of salary or wages per month, and give the name and address of your employer.
Home man Pod Job, VADDC, P.O. B. 26963, Richmond VA.
23261
 - b. If the answer is "no," state the date of last employment and the amount of salary and wages per month which you received.

2. Have you received within the past twelve months any money from any of the following sources?
 - a. Business or profession or form of self-employment? Yes () No (☒)
 - b. Rent payments, interest or dividends? Yes () No (☒)
 - c. Pensions, annuities or life insurance payments? Yes () No (☒)
 - d. Gifts or inheritances? Yes () No (☒)
 - e. Any other sources? Yes () No (☒)

If the answer to any of the above is "yes," describe each source of money and state the amount received from each during the past twelve month. N/A

3. a. What is the current balance in your prison spend account? _____
b. Do you have any money in any other prison account or regular bank account? Yes () No (✓). If you answered yes identify the account(s) and state the balance(s).

N/A

4. Do you own any real state, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)?
Yes () No (✓)

If the answer is "yes," describe the property and state its approximate value. _____

N/A

5. List the persons who are dependent upon you for support, state your relationship to those persons, and indicate how much you contribute toward their support. _____

N/A

6. List all of your prior cases that were dismissed as frivolous, malicious or failed to state a claim upon which relief could be granted, i.e., pursuant to Fed. R. Civ. 12 (b) (6). None

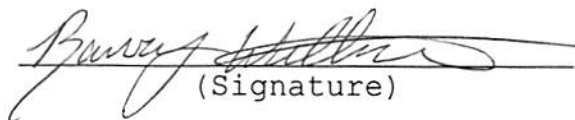
7. Complete number 7 **only if your case has been dismissed.**
List the issues you intend to present on appeal. _____

N/A

The failure to complete the **entire** affidavit will result in the immediate termination of the action. If more room is need for any response, please attach additional pages.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____
(Date)


(Signature)

"ATTACHMENT B"

4. (a) Inder Jeet Singh Gujral, M.D. (b) Head Doctor for Sussex II
(c) 84427 musselwhite dr.

All defendants are being sued in their "individual and official capacities"

5. (a) Green Rock Correctional Centers' medical department
(c) P.O.B. 1000, Chatham V.A. 21531 (b) GROC Medical ~~Center~~ Company

AO 240 (Rev. 06/09) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

UNITED STATES DISTRICT COURT

for the

Barry Williams

Plaintiff

v.

HAROLD CLARKE, VADOC Director, et al.

Defendant

Civil Action No.

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: GREEN ROCK CORRECTIONAL CENTER.
If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are: N/A

My gross pay or wages are: \$ 0, and my take-home pay or wages are: \$ 0 per
(specify pay period) 0.

3. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

(a) Business, profession, or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Rent payments, interest, or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Pension, annuity, or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(d) Disability, or worker's compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(e) Gifts, or inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(f) Any other sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future. N/A

AO 240 (Rev. 06/09) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

4. Amount of money that I have in cash or in a checking or savings account: \$ 0.

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name *(describe the property and its approximate value)*: 0

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses *(describe and provide the amount of the monthly expense)*: 0

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support: 0

8. Any debts or financial obligations *(describe the amounts owed and to whom they are payable)*: 0

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: _____

Berry Williams
Applicant's signature
Berry Williams
Printed name

AO 240A (Rev. 01/09) Order to Proceed Without Prepaying Fees or Costs

UNITED STATES DISTRICT COURT
for the

Berry Williams

Plaintiff

v.

Harold Clarke, Director et, al.

Defendant

Civil Action No.

ORDER TO PROCEED WITHOUT PREPAYING FEES OR COSTS

IT IS ORDERED: The plaintiff's application under 28 U.S.C. § 1915 to proceed without prepaying fees or costs is:

☐ Granted:

The clerk is ordered to file the complaint and issue a summons. The United States marshal is ordered to serve the summons with a copy of the complaint and this order on the defendant(s). The United States will advance the costs of service. Prisoner plaintiffs are responsible for full payment of the filing fee.

☐ Granted Conditionally:

The clerk is ordered to file the complaint. Upon receipt of the completed summons and USM-285 form for each defendant, the clerk will issue a summons. If the completed summons and USM-285 forms are not submitted as directed, the complaint may be dismissed. The United States marshal is ordered to serve the completed summons with a copy of the complaint and this order on the defendant(s). The United States will advance the costs of service. Prisoner plaintiffs are responsible for full payment of the filing fee.

☐ Denied:

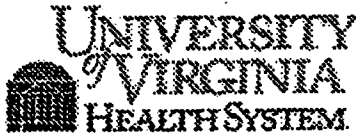
This application is denied for these reasons:

Date: _____

Judge's signature

Printed name and title

***In the event the prisoner has insufficient funds in his/her prisoner trust account to pay for copies of the required six-month statements, the facility shall provide the prisoner additional photocopying service loans.**



UVA HOSPITAL EAST
1222 Jefferson Park Ave
Charlottesville VA 22908
ROI Notes Report

WILLIAMS, BARRY
MRN: 2275969
DOB: 3/25/1968, Sex: M
Adm: 12/13/2016, D/C: 12/13/2016

Progress Notes signed by Justin S Smith, MD PhD at 12/14/16 1007

Author: Justin S Smith, MD PhD	Service: Neurosurgery	Author Type: Physician
Filed: 12/14/16 1007	Date of Service: 12/13/16 0000	Note Type: Progress Notes
Status: Signed	Editor: Justin S Smith, MD PhD (Physician)	
Trans ID: 723899076	Trans Status: Available	Dictation Time: 12/13/16 1033
Trans Time: 12/14/16 0319	Trans Doc Type: Progress Note/Letter	

INITIAL VISIT NOTE

SERVICE: Neurological Spine Surgery.

HISTORY OF PRESENT ILLNESS: Mr. Williams is a 48-year-old male, who presents to us with reported couple of years of back and leg pain. The patient does not have any symptoms in the left side, but states in the right he has pain that radiates from his butt down to his knee and into the foot. He has pain mainly in the right 3rd, 4th, and 5th toes. He also has pain in the right above his knee. The patient states that he has had these symptoms for a couple of years. He recently fall down from 2 or 3 steps as a result. The patient denies any bowel or bladder issues. Again, no symptoms on the left side, only the right. The patient has been taking some nortriptyline 25 mg nightly. He has been doing stretching exercises daily. The patient states that his pain is 9/10.

PAST MEDICAL HISTORY: Back pain.

PAST SURGICAL HISTORY: None.

FAMILY HISTORY: None.

SOCIAL HISTORY: The patient is not a smoker. He has never used smokeless tobacco. He denies any alcohol use. He is currently incarcerated.

PHYSICAL EXAMINATION: The patient is alert, oriented, no acute distress. In the upper extremities, he has 5/5 strength in bilateral biceps, triceps and hand grip. In the right side, he has 5/5 strength at the hip, 5/5 strength in knee flexion and extension, 2/5 strength in ankle dorsiflexion and plantar flexion. In the left side, the patient has 5/5 strength in hip, 5/5 strength in knee flexion and extension, and 5/5 strength in ankle dorsiflexion and plantar flexion, EHL. The patient, when standing and walking, does favor the right leg. He does have ankle dorsiflexion and plantar flexion and gait with picking up his foot and lifting off on the ground. The patient did not participate fully in the neuro exam based on his gait.

IMAGING: The patient has an MRI of his lumbar spine. The MRI is significant for some foraminal disk herniation at L3-4 as well as some mild foraminal narrowing at L4-5 and L5-S1.

ASSESSMENT AND PLAN: The patient is a 48-year-old male with lumbar spondylosis and right radiculopathy. Based on the imaging, we do not see any significant or severe stenosis, which would be concerning for surgical intervention. The patient has not tried any conservative measures at this point in time. We would recommend he has a right L4 and L5 nerve root injection by pain management specialist. The patient may also be referred to see a pain management specialist for other interventions. At this point in time, there is no surgical intervention based on the spine imaging we have seen. We were happy to see the patient

12/16/16
[Signature]



VIRGINIA DEPARTMENT OF CORRECTIONS
GREEN ROCK CORRECTIONAL CENTER

INFORMAL COMPLAINT INITIAL REVIEW RESPONSE

Effective Date: 10/01/2012
Operating Procedure 866.1 (Attachment B)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF CORRECTIONS
GREEN ROCK
CORRECTIONAL CENTER

Grievance

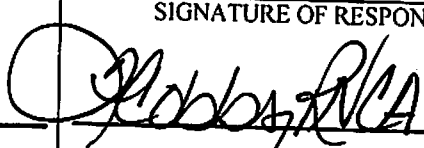
MAY 01 2020

Office

INFORMAL COMPLAINT
INITIAL REVIEW RESPONSE

Informal Complaint NO.

GROC-20-INF-00425

TO: (Offender Name /Number) Williams, Barry 1052921	FACILITY GROC	HOUSING LOCATION B-121	Date Received by Grievance Office 4.16.2020
Offender Interviewed Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> _____ Date _____			
<p>You state that you are not receiving adequate medical care related to your right hip pain.</p> <p>RESPONSE: According to your medical record, you were seen at MCV Neurosurgery Clinic on 2.12.2020. The doctor documented at that time, "MRI of the lumbar spine done in November of 2019 was reviewed independently with the patient. It shows some mild bulging of the discs at a couple of levels but no evidence of any significant severe neural foraminal narrowing or stenosis. There is no signs of any ruptured discs. There is no signs of any significant bulging discs. I do not believe there is any surgical solution to the gentleman's problem. I think he can best be managed with physical therapy core strengthening month Meloxicam a perhaps some muscle relaxant." Physical therapy was ordered following this appointment. They recommended an AFO brace, and you were seen for a molding of the brace. The medical department has not been notified that your brace is ready. Physical therapy has been interrupted due to the Covid-19 changes. Currently you have pain medication and there is no reason you cannot continue the exercises you were given during physical therapy. If you feel you need to be seen again by medical, you may submit a request form and an appointment will be scheduled for you.</p>			
Print Name and Title of Respondent T. Cobbs, RNCA	SIGNATURE OF RESPONDENT 		DATE 4.23.2020
Insert Name/Title			



VIRGINIA
DEPARTMENT OF CORRECTIONS

Informal Complaint 866_F3_4-17

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.
An Informal Complaint is not required for an alleged incident of sexual abuse.

Berry B. Williams
Offender Name

1052921
Offender Number

B1-121
Housing Assignment

On-going 9:00 AM
Date/ Time of Incident

Individuals Involved in Incident

- ☐ Unit Manager/Supervisor
☐ Personal Property
☐ Medical Administrator

- ☐ Food Service
☐ Commissary
☐ Other (Please Specify):

- ☐ Institutional Program Manager
☐ Mailroom

Briefly explain the nature of your complaint (be specific):

I fell down the stairs in 2014, at Sussex II prison, while being a prisoner of Virginia Department of Corrections. I injured my hip and the pain has traveled down to my toes and their numb on my right side. is now deteriorating and I'm having difficulty walking. I'm chronic care. I was transferred to Augusta Correctional Center to Green Rock Correctional Center and my medical condition isn't getting better and I'm not being treated adequately. This is cruel and unusual punishment.

Offender Signature: Berry B. Williams 1052921 Date 7-15-2020
Offenders - Do Not Write Below This Line

Date Received: 4/16/2020
Response Due: 4/22/2020
Action Taken/Response:

Tracking # GRDC-20-WF-004
Assigned to: L. Cobbs, Medical

Respondent Signature

Printed Name and Title

Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: _____

Staff Witness Signature: _____ Date: _____

Revision Date: 4/28/17



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_F1

REGULAR GRIEVANCE

(R)

Log Number: _____

Williams, Barry	1052921	B1	121-B
Last Name, First	Number	Building	Cell/Bed Number
Individuals Involved in Incident	On-going / 8:00 a.m. Date/ Time of Incident		

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.) I fell down the stairs in 2014, at Sussex II prison, while being a prisoner of Virginia Department of corrections. I injured my hip and the pain has traveled down to my toes and their numb and cold to the touch on my right side is now deteriorating and I'm having difficulty walking. I'm a chronic care patient. I was transferred to Augusta Correctional center to Green Rock correctional center. and my medical condition isn't getting better and I'm not being treated adequately. This is cruel and unusual punishment

What action do you want taken? Investigate and Remedy per policy.

Grievant's Signature: Barry Williams #1052921 Date: 4-30-2020

Warden/Superintendent's Office: _____

Date Received: _____

CRIMINAL

MAY 11 2020



Health Services Complaint and Treatment Form

Facility: GREEN ROCK CORRECTIONAL

Offender Name: Williams Barry
Last FirstNumber: 1052921

Date/Time	Complaint and Treatment	Signature and Title
11/20/18 0800	C: Leg weakness	
Wst: 165	O: 96.7, 135/94, 73, 22	
	I: MD to see	
11/20/18 0820	Chart reviewed Waiting for MRI + EMG study EMG 12-12-18	
	MRI of Lumbar Spine with or without contrast local	
11.20.18 1520	MRI - Lumbar Spine Scheduled w/ Dr. Duvall, SOVAH Imaging	
11/20/18	Offender returned from apt of facility apt C SOVAH imaging center for MRI. Report to follow. Health Services report placed on chart for Dr. Wang to review and Mr. Mason copied	
12-4-18 0900	Pre Reg for Flu Telemed (Neuro Surgery) apt. MRI report also faxed along w/ Pre Reg. EMG test to be done at MCV 12-12-18 of MRI. to be mailed to MCV Telemed Dept	
12.7.18 1625	per Theresa Luvimen CVCC - OK to send MRI in separate envelope w/ apt paperwork	

-12/12/18 am



VIRGINIA
DEPARTMENT OF CORRECTIONS

Health Services Complaint and Treatment Form 720_F17_7-12

Health Services Complaint and Treatment Form

Facility: AUGUSTA CORRECTIONAL CENTER

Offender Name: Williams Barry
Last First

Number: 1052921

Date/Time	Complaint and Treatment	Signature and Title
10-13-17 8:25 AM	C) Offender called to Medical to be instructed on NPO status in preparation for procedure tomorrow.	
	O) To have nothing to eat or drink after midnight tonight. The consequences if you do eat/drink include the following: vomiting, aspiration, pneumonia or death. If the procedure is not able to be done because you ate or drank something and became sick, you will still be charged \$5.00 co-pay. To have the procedure rescheduled you will have to go through sick call again and pay another \$ 5.00 co-pay fee for a referral to the provider, and wait for the procedure to be rescheduled.	Clear liquids 8:30 AM - 10:30 AM NPO P 10:30
	D) I understand that I can not have anything to eat or drink after midnight tonight. I also understand that I will be able to remain in my cell and return to Medical in the morning to go out to the procedure.	
	Offender signature: <u>Barry Williams</u> <u>J. Blumhett RN</u>	
10/13/17 5pm	C) Offender to medical returning from appointment	
97.6 P-72	O) A+Ox3, VSS, NAD, No Yc voiced at this time	
16 136/92	I) Appointment papers with recommendations given to MD to review. Follow-up paper given to Ms. Kishpaugh. Returned to GP.	
100%		
10/16/17 0830	Obtain full VSA Pain Management consult of 10/13/17 UM for FIV Pain Management in a 6 weeks n/meding	

ROBERT C. "BOBBY" SCOTT
3RD DISTRICT, VIRGINIA

COMMITTEE ON THE JUDICIARY

RANKING MEMBER, SUBCOMMITTEE ON
CRIME, TERRORISM AND HOMELAND SECURITY

SUBCOMMITTEE ON THE CONSTITUTION

**COMMITTEE ON
EDUCATION AND THE WORKFORCE**

SUBCOMMITTEE ON EARLY CHILDHOOD,
ELEMENTARY AND SECONDARY EDUCATION

SUBCOMMITTEE ON HEALTH,
EMPLOYMENT, LABOR, AND PENSIONS



Congress of the United States
House of Representatives
Washington, DC 20515-4603

WASHINGTON:
1201 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
TEL: (202) 225-8351
FAX: (202) 225-8354

NEWPORT NEWS:
2600 WASHINGTON AVENUE, SUITE 101
NEWPORT NEWS, VA 23607
TEL: (757) 380-1000
FAX: (757) 928-6694

RICHMOND:
400 NORTH 8TH STREET, SUITE 430
RICHMOND, VA 23219
TEL: (804) 644-4845
FAX: (804) 648-6026

WWW.BCBBYSCOTT.HOUSE.GOV

October 21, 2015

Mr. Barry Williams #1052921
24427 Musselwhite Drive
Waverly, VA 23891-2222

Dear Mr. Williams #1052921:

Enclosed is the response I received from the inquiry I initiated on your behalf.

If I can ever be of assistance to you on other matters, please do not hesitate to contact me.

Sincerely,

Robert C. "Bobby" Scott
Member of Congress

RCS/RJ

David E. Brown, D.C.
Director



Perimeter Center
9980 Mayland Drive, Suite 300
Henrico, VA 23233-1463

www.dhp.virginia.gov
TEL (804) 36
FAX (804) 52

May 19, 2016

Barry Williams, #1052921
Sussex II State Prison
24427 Musselwhite Drive
Waverly, VA 23891

Regarding: Case # 173875
Subject: INDER JEET SINGH GUJRAL, MD

This letter acknowledges receipt of your report against the above referenced individual or regulatory facility.

The Department of Health Professions (the Department) receives, reviews, and investigates reports and complaints about the conduct of health care providers registered, licensed or certified by the Department. Not all complaints will require additional follow-up. However, if additional information is needed, the Investigator will contact you.

Information about our investigative and disciplinary processes is available on our web page at www.dhp.virginia.gov/enforcement. If you do not have access to the internet you can call 804-367-1560 or 800-533-1560 to request a brochure.

The Department is not able to advise you regarding any legal action you may intend to pursue nor does it have the legal authority to order reimbursement, awards or damages. Information submitted to the regulatory board is confidential and may only be disclosed pursuant to specific terms of §54.1-2400 of the Code of Virginia.

We appreciate you taking the time to submit your report.

Sincerely,

Patricia L. Dewey, RN, BSN
Senior Investigator
Enforcement Division

Sovah Danville Imaging Center
125 Executive Drive
Suite D
Danville, VA 24541
PHONE #: 434-793-1043
FAX #: 4347990202

Name: WILLIAMS, BARRY BEROAN
Phys: WANG, LAURENCE
DOB: 03/25/1968 Age: 50 Sex: M
Acct: DA0007137056 Loc: DA.MRI
Exam Date: 11/30/2018 Status: REG CLI
Radiology No:
Unit No: DM00796899

EXAMS: Reason for exam: CPT CODE:
001327052 MFI LUMBAR SPINE W/O CO CHRONIC BACK PAIN 72148

Reason for study: CHRONIC BACK PAIN

Comparison: None

Technique: Multiplanar, multisequence MR images of the lumbar spine extending from T12 to the sacrum was obtained. No contrast was administered.

Findings:

No suspicious marrow edema or compression fracture is noted. The conus medullaris terminates at L1-2 level.

T12-L1: No significant facet arthropathy. ligamentum flavum thickening, spinal canal or neural foramina narrowing is noted.

L1-L2: No significant thecal sac stenosis. There is mild neural foraminal narrowing on the right probably secondary to facet hypertrophy exiting nerve root compromise no evidence of compression. Neural foramen on the left is patent.

L2-L3: Mild neural foraminal narrowing is identified on the right secondary to facet hypertrophy possible exiting nerve root compromise no evidence of compression. The neural foramen on the left is patent.

L3-L4: There is mild thecal sac narrowing secondary to broad-based disc bulge as well as ligamentum flavum and facet atrophy. A small synovial cyst is demonstrated along the medial aspect of the uncovertebral joint on the left. There is moderate to severe neural foraminal narrowing on the left primarily secondary to facet hypertrophy exiting nerve root compromise and possible mild compression. Mild neural foraminal narrowing is identified on the right with possible exiting nerve root compromise.

L4-L5: There is mild to moderate thecal sac narrowing secondary to broad-based disc bulge as well as ligamentum flavum and facet hypertrophy. Mild to moderate neuroforaminal narrowing is identified on the right with possible nerve root compromise no evidence of compression. Mild neural foraminal narrowing demonstrated on the left possible exiting nerve root compromise.

11/30/18
120318
[Signature]

Sovah Danville Imaging Center
125 Executive Drive
Suite D
Danville, VA 24541
PHONE #: 434-793-1043
FAX #: 4347990202

Name: WILLIAMS, BARRY BEROAN
Phys: WANG, LAURENCE
DOB: 03/25/1968 Age: 50 Sex: M
Acct: DA0007137056 Loc: DA.MRI
Exam Date: 11/30/2018 Status: REG CLI
Radiology No:
Unit No: DM00796899

EXAMS: Reason for exam: CPT CODE:
001327052 MFI LUMBAR SPINE W/O CO CHRONIC BACK PAIN 72148
<Continued>

L5-S1: A mild broad-based disc bulge is appreciated without significant thecal sac stenosis. There is mild bilateral neural foraminal narrowing possible exiting nerve root compromise.

IMPRESSION:
Multilevel multifactorial spondylosis.

L2-3: mild neural foraminal narrowing on the right without exiting nerve root compression compromise.

L3-4: Mild thecal sac narrowing. Moderate to severe neural foraminal narrowing on the left exiting nerve root compromise possible compression. Mild neural foraminal narrowing on the right possible exiting nerve root compromise.

L4-5: Mild to moderate thecal sac stenosis. Mild to moderate neuroforaminal narrowing on the right without exiting nerve root compromise no evidence of compression. Mild neural foraminal narrowing on the left possible exiting nerve root compromise.

L5-S1: Mild bilateral neuroforaminal narrowing with possible exiting nerve root compromise.

Attention FAX RECIPIENT: If you receive ANY documents on this fax machine that are not related to one of your patients then you have received the fax in error. Please immediately contact the hospital HIM Dept or the Hospital Privacy Officer at 434.799.2127 to inform them that you have received patient information in error. Please follow their instructions for returning the document or appropriately discarding/destroying the document that you received in error.

** Electronically Signed by M.D. HECTOR COOPER **
** on 11/30/2018 at 1413 **
Reported and signed by: HECTOR COOPER, M.D.

Sovah Danville Imaging Center
125 Executive Drive
Suite D
Danville, VA 24541
PHONE #: 434-793-1043
FAX #: 4347990202

Name: WILLIAMS, BARRY BEROAN
Phys: WANG, LAURENCE
DOB: 03/25/1968 Age: 50 Sex: M
Acct: DA0007137056 Loc: DA.MRI
Exam Date: 11/30/2018 Status: REG CLI
Radiology No:
Unit No: DM00796899

EXAMS:

001327052 MFI LUMBAR SPINE W/O CO
<Continued>

Reason for exam:
CHRONIC BACK PAIN

CPT CODE:
72148

CC: GREEN ROCK CORRECT CTR; LAWARENCE WANG

Dictated Date/Time: 11/30/2018 (1405)

Transcribed Date/Time: 11/30/2018 (1405)

Transcriptionist: RAD.VR

Electronic signature Date/Time: 11/30/2018 (1413)

Orig Print L/T: S: 11/30/2018 (1417)

BATCH NO: N/A

PAGE 3

Radiology Report



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_FL

REGULAR GRIEVANCE

(R)

Log Number: _____

Williams, Barry	1052921	B1	121-B
Last Name, First	Number	Building	Cell/Bed Number
Individuals Involved in Incident	On-going / 8:00 A.M. Date/ Time of Incident		

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.) I fell down the stairs in 2014, at Sussex II prison, while being a prisoner of Virginia Department of corrections. I injured my hip and the pain has traveled down to my toes and their numb and cold to the touch on my right side is now deteriorating and I'm having difficulty walking. I'm a chronic care patient. I was transferred to Augusta Correctional center to Green Rock Correctional center. and my medical condition isn't getting better and I'm not being treated adequately. This is cruel and unusual punishment

What action do you want taken? Investigate and Remedy per policy.

Grievant's Signature: Barry Williams #1052921 Date: 4-30-2020
Warden/Superintendent's Office: _____
Date Received: _____

Grievance
MAY 01 2020

Health Services Complaint and Treatment Form 720_F17_7-12

Revision Date: 2/23/0:



VIRGINIA DEPARTMENT OF CORRECTIONS
Informal Complaint

Effective Date: July 1, 2013
Operating Procedure 866.1 Attachment 2

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated box at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

An Informal Complaint is not required for an alleged incident of sexual abuse.

Offender Name: BARRY WILLIAMS Offender Number: 1052921 Housing Assignment: 4B7

☐ Unit Manager/Supervisor ☐ Food Service ☐ Treatment Program Supervisor
☐ Personal Property ☐ Commissary ☐ Mailroom
☒ Medical Administrator ☐ Other (Please Specify): _____

Briefly explain the nature of your complaint (be specific):

I would like to know what is being done to correct my medical condition. The doctor told me if I was not doing any better within 30 days he would have me sent to me to see a doctor there. It has been over 30 days (2-16-16) to this date (4-5-16) and nothing has been done. My condition is not getting any better.

Offender Signature: [Signature] Date: 4-5-16

Offenders - Do Not Write Below This Line

Date Received: 4/6/16 Tracking #: STC-116-17-015
 Response Due: 4/21/16 Assigned to: Medical
 Action Taken/Response: _____

You were seen on 3/28/16
You will be scheduled to
See the MD

Respondent Signature: T Barrett, RN Printed Name and Title: T Barrett RN Date: 4/14/16

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: APR 22 2016

Staff Witness Signature: _____ Date: _____

OFFICE OF HEALTH SERVICES

GRIEVANCE OFFICE
 VIRGINIA STATE PRISON
 Revision Date: 4/9/13



Offender Grievance Response - Level II

Offender Name	DOC#	Location	Grievance Number
Williams, Barry B	1052921	Current Sussex II State Prison	SXII-16-REG-00156
Housing		Filed Sussex II State Prison	
HU4-B-07-T			

LEVEL II: REGIONAL DIRECTOR, HEALTH SERVICES DIRECTOR OR CHIEF OF OPERATIONS FOR OFFENDER MANAGEMENT SERVICES RESPONSE (To be completed and mailed within 20 calendar days)



LEVEL II HEALTH SERVICES DIRECTOR:

Your grievance appeal complaint has been reviewed along with the response from Level I and your complaint that the doctor said you should be seen by the MCV doctor because your medical problem is getting worse as of 04/05/16.

Based on the information provided and upon further investigation, I concur with the Level I response and have determined your grievance **UNFOUNDED**. It is reported that the physician evaluated you on 04/18/16 and recommended pain therapy and to review your medical reports from the local hospital. Be advised that it is the discretion of the SXII physician to recommend you an outside specialty appointment. It is further noted that you have been approved for a MCV Neurology appointment. For security reasons, you should only be notified on the date that your appointment arrives. This issue is governed by **restricted policy**.

If you have any further issues, please resubmit a sick call request for further evaluation of your right leg and treatment plan. You are encouraged to follow the recommendations of the health care staff as well. There is no violation of policy/procedure regarding this issue. No further action is needed from this level.

In accordance with OP 866.1 governing the Offender Grievance Procedure, Level II is the last level of appeal for this complaint. All administrative remedies have been exhausted regarding this issue.

 Regional Director, Health Services Director, or Chief of Operations for Offender Management Services	Date 
--	--



VIRGINIA DEPARTMENT OF CORRECTIONS

866.1 A-6

DOC Location: SXII Sussex II State Prison

Report generated by James, A D

Report run on 05/16/2016 at 2:21 PM

Offender Grievance Response - Level I

Offender Name	DOC#	Location	Grievance Number
Williams, Barry B	1052921	Current Sussex II State Prison	SXII-16-REG-00156
Housing		Filed	
HU4-B-07-T		Sussex II State Prison	

LEVEL I: WARDEN/SUPERINTENDENT'S RESPONSE (To be completed and mailed within 30 calendar days)

In your grievance, you state that you are still having problems getting your medical situation straighten out. You claim that you explained to medical that you need to see a specialist because your condition is getting worse. You state that you saw the medical doctor twice on March 28, 2016 and April 18, 2016 and no positive results. You claim that no medical treatment is being done at all.

As a result of this grievance, you would like to be seen by an outside doctor or specialist.

Informal Complaint #SXII-16-INF-01597, responded by T. Barrett, RN, on 4/14/16 advised, "You were seen on 3/28/16. You will be scheduled to see the MD."

An investigation into your complaint reveals that you were seen for sick call on March 18, 2016 for right leg complaint and you were referred to the Medical Doctor. You were seen by the Medical Doctor on March 28, 2016, but no new orders were written. Further investigation reveals that you were seen again on April 18, 2016 by the Medical Doctor and he stated that he needed a report from Southside Medical Hospital on your right hip that was done on February 18, 2016. You were advised to continue on the Mobic medication; however, no note was written about you being seen by an outside consult. If you are still experiencing medical issues, you are encouraged to submit a sick call.

Your grievance is governed by a restricted policy not accessible to offenders.

After thoroughly reviewing the information presented by staff and the policy governing the issue. I find no violation of policy; therefore, this grievance is **UNFOUNDED**.

If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:

Health Services Director, PO Box 26963, Richmond, VA 23261-6963

Warden/Superintendent

Date

5-17-16

I wish to appeal the Level I response because: I WAS NOT SEEN BY THE M.D. ON MARCH 28, 2016. I WAS SEEN BY NSC AND SCHEDULED ON THAT DAY TO SEE THE M.D., WHO I SAW ON APRIL 18, 2016. THE LEVEL I RESPONSE DOES NOT ADDRESS THE FACT THAT I AM COMPLAINING THAT NOTHING IS BEING ADEQUATELY DONE TO CORRECT MY MEDICAL PROBLEM. I INFORMED THE DOCTOR THAT AFTER 30 DAYS OF FOLLOWING HIS TREATMENT PLAN, I AM STILL HAVING THE PROBLEM, WHICH I'VE BEEN EXPERIENCING THE LAST 2 YEARS. MY RIGHT LEG HAS BEEN ICE COLD, NOT ABLE TO MOVE A FEW TOES, SERIOUS PAIN WITHIN MY FOOT & ANKLE, AS WELL AS MY WALK. → continue letter

Offender Signature

Barry Williams #1052921

Date

5-20-16

*PID Nx Review: UNTIL 5/20/16
Jern M. [Signature]

RECEIVED

MAY 31 2016

Page 1 of 1
OFFICE OF HEALTH SERVICES

Rev. 05/31/200



VIRGINIA DEPARTMENT OF CORRECTIONS
Regular Grievance

Effective Date: Decem
Operating Procedure 866.1 Ati

REGULAR GRIEVANCE

Log Number: 866.1

WILLIAMS	BARAY	1052921	4	4B
Last Name	First	Number	Building	Cell/Bed

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint documentation of informal process.)

I AM STILL HAVING PROBLEMS GETTING MEDICAL SITUATION STRAIGHTEN OUT. ATTACHED TO THIS GRIE. IS MY INFORMAL COMPLAINT, DATED 4-5-16 I EXPLAINED TO MEDICAL I NEED TO SEE A SPECIALIST BECAUSE MY LEG IS GETTING WORSE. I'VE BEEN TO SEE THE MD TWICE 3-25-16 AND 4-15-16 AND THERE WERE NO POSITIVE RESULTS. THIS IS A DELIBERATE ACT OF MEDICAL INDIFFERENCE. THERE IS NO MEDICAL TREATMENT BE DONE AT ALL. ALL THEY DO IS CALL ME DOWN TO THE MD HERE AND SEND ME BACK, STATING THERE IS NOTHING ELSE TO DO.

What action do you want taken? I WOULD LIKE TO BE SEEN BY AN OUT MD OR A SPECIALIST, WHO CAN EXPLAIN WHY MY LEG FROZEN, WHY I'M LEANING TO ONE SIDE, WHY MY LEFT RIGHT SIDE, HIP & LEG ALL THE WAY DOWN TO MY FOOT IS IN PAIN. THIS HAS BEEN GOING 2 YRS WITH NO RESULTS NEEDS TO CHANGE.

Grievant's Signature: [Signature]

Date: 04-20-16

Warden/Superintendent's Office: [Signature]

Date Received: 4/22/16

MAY 31 2016

APR 22 2016

RECEIVED
RECEIVED
GRIEVANCE OFFICE
SUSSEX II STATE PR
OFFICE OF HEALTH SERVICES

BARRY B. Williams #1052921
 SSII PRISON 4B-7
 24427 MUGGELWHITE DRIVE
 WAVERLY, VA. 23891

Health Services Director
 P.O. BOX 26963
 Richmond, VA. 23261-6963

The cont → being abnormal. my right thigh has greatly deteriorated on a daily basis.

Instead, the M.D. is delaying my care by saying he needed a medical report that either should have been in my medical record or he should have obtained before he saw me on April 18, 2016. It has been now more than a month and nothing has been done.

The M.D. is attempting to delay my care, which is already overdue. He wants me to continue signing up for sick call, which I have been doing over the years I've been seeking treatment for my condition, keep paying the copays and going in circles without getting the proper care.

I have made numerous attempts to get the proper medical care, in addition to all the sick call requests I have put in over the years. I have written letter complaints to prison administrative officials and my congressman who forwarded them to the Doc's main office, but everyone always defer to the M.D., who I note is the subject of multiple civil suits by prisoners for denial of adequate care.

I am suffering and only seek the proper treatment for my condition, which I am not getting. Therefore, I ask that the level response be overturned and that the M.D. be directed to send me out to see a specialist for adequate course of treatment.

Respectfully yours,
 Barry B. Williams
 #1052921

RECEIVED

MAY 31 2016

OFFICE OF HEALTH SERVICES



VIRGINIA DEPARTMENT OF CORRECTIONS

866.1 A-3

DOC Location: GROC Green Rock Correctional Center

Report generated by Massenburg

Report run on 04/16/2020 at 04:50 PM

Grievance Receipt

Grievance Number: GROC-20-INF-00425Next Action Date: 05/01/2020 12:00 AM

On this date: 04/16/2020	I have received a statement from:
Williams, Barry B 1052921	Green Rock Correctional Center
of	B-1-121-B
(Offender Name and DOC#)	(Filed Location and Housing)
Setting out the following complaint:	
He Feels That He Isn't Being Treated Adequately For His Pain ~ "I fell down the stairs in 2014, at Sessex II prison, while being a prisoner of Virginia Department of Corrections. I injured my hip on the pain has traveled down to my toes and their numb on my right side is now deteriorating and I'm having difficulty walking. Im chronic care. I was transferred to Augusta Correctional Center to Green Rock Correctional Center and my medical condition isn't getting better and Im not being treated adequately. This is cruel and unusal punishment."	
<i>Ms. Massenburg</i>	<i>Grievance Coordinator</i>
(Signature)	(Title)

FAXED

Am 7-7-15 1530

**Sign, Date, and Time Armor Correctional Health Services, Inc.
SPECIALTY SERVICE/CONSULTATION REQUEST-VADOC**

Date: 7/7/15

Institution: Sussex IT

☐ Routine ☐ Priority (within 14 days) ☒ Urgent (within 7 days) ☐ Emergency (Submit to call Regional Medical Director)

Urgent/Emergency: Fax to 866-465-5277

Routine/Priority: Fax to 866-470-1680

Service Requested:

Neurology Ref for possible Sudeck Syndrome (Complex regional Pain Syndrome)

Specific Location or provider?

Neuro care g.c.

(Provider to be referred to-leave blank if unknown)

Does patient have a hospital identification number at this location?

(Provider's ID/Regional Medical Records Number-leave blank if unknown)

☐ SPECIAL
TRANSPORT NEEDED
(wheelchair, etc)

Reason for Service:

*47yrs old male having Pain & numbness of Rt Foot
his Xray of foot & spine, sedrate, R/E EMG are normal He has good
D.P. Pulse Xray of foot & Pelvis normal
Today his Rt Foot was cold but had Good Pulse & ven*

ALLERGIES:

Laboratory or radiology results:

Requested by: B. Green (M.D.) Telephone: 804-834-2678 FAX: 804-834-2815
HCP name/signature

For Regional Medical Director

☐ Return for more information

Information requested

☐ Deferred:

(Clinician must develop alternative treatment plan and schedule patient for follow-up. Consider resubmission if condition warrants.)

☐ Approved:

Signature: Brian Scott for Dr. Gable

Date: 7.8.15

For approved service, SCHEDULED:

Date: _____ Time: _____ Authorization #: _____ Notes: _____

Reschedule: Date: _____ Time: _____ Notes: _____

(Do not inform patient of date or time or place of appointment)

PATIENT NAME: <u>Williams Barry</u>	Patient #: <u>1052921</u>	D.O.B. <u>3-25-48</u>	SEX: <u>M</u>	LOCATION: <u>Sussex IT</u>
SS: <u>228-58-6265</u>	Additional Information	DOI <u>4-17-52</u>	DOR <u>MLT</u>	Comments

ROBERT C. "BOBBY" SCOTT
3RD DISTRICT, VIRGINIA

WASHINGTON:
1201 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-4603
TEL: (202) 225-8351
FAX: (202) 225-8354

NEWPORT NEWS:
2600 WASHINGTON AVENUE, SUITE 1010
NEWPORT NEWS, VA 23607-4333
TEL: (757) 380-1000
FAX: (757) 928-6694

RICHMOND:
400 NORTH 8TH STREET, SUITE 430
RICHMOND, VA 23219
TEL: (804) 644-4845
FAX: (804) 648-6026

WWW.BOBBIYSCOTT.HOUSE.GOV



Congress of the United States
House of Representatives
Washington, DC 20515-4603

September 29, 2015

Mr. Harold Clarke
Director
Virginia Department of Corrections
P.O. Box 26963
Richmond, VA 23261-6963

Dear Mr. Clarke:

Enclosed is correspondence from my constituent, Mr. Barry Williams #1052921.

I would appreciate it if you would look into this situation for Mr. Williams. You may respond directly to the constituent with a copy to my Newport News district office, 2600 Washington Avenue, Suite #1010, Newport News, Virginia, 23607.

Thank you for your attention to this matter.

Sincerely,

Robert C. "Bobby" Scott
Member of Congress

RCS/RJ

CC: Mr. Williams

COMMITTEE ON THE JUDICIAL
CHAIRMAN, SUBCOMMITTEE ON
CRIME, TERRORISM AND HOMELAND SECUR
SUBCOMMITTEE ON THE CONSTITUTION,
CIVIL RIGHTS AND CIVIL LIBERTIES
SUBCOMMITTEE ON
COMMERCIAL AND ADMINISTRATIVE LAW
COMMITTEE ON
EDUCATION AND LABOR
SUBCOMMITTEE ON EARLY CHILDHOOD
ELEMENTARY AND SECONDARY EDUCATION
SUBCOMMITTEE ON
HEALTHY FAMILIES AND COMMUNITIES
COMMITTEE ON THE BUDGET

ROBERT C. "BOBBY" SCOTT
3RD DISTRICT, VIRGINIA

COMMITTEE ON THE JUDICIARY

RANKING MEMBER, SUBCOMMITTEE ON
CRIME, TERRORISM AND HOMELAND SECURITY

SUBCOMMITTEE ON THE CONSTITUTION

**COMMITTEE ON
EDUCATION AND THE WORKFORCE**

SUBCOMMITTEE ON EARLY CHILDHOOD,
ELEMENTARY AND SECONDARY EDUCATION

SUBCOMMITTEE ON HEALTH,
EMPLOYMENT, LABOR, AND PENSIONS



**Congress of the United States
House of Representatives
Washington, DC 20515-4603**

WASHINGTON:
1201 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
TEL: (202) 225-8351
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NEWPORT NEWS:
2600 WASHINGTON AVENUE, SUITE 101
NEWPORT NEWS, VA 23607
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RICHMOND, VA 23219
TEL: (804) 644-1845
FAX: (804) 648-6026

WWW.BOBBSYSCOTT.HOUSE.GOV

October 21, 2015

Mr. Barry Williams #1052921
24427 Musselwhite Drive
Waverly, VA 23891-2222

Dear Mr. Williams #1052921:

Enclosed is the response I received from the inquiry I initiated on your behalf.

If I can ever be of assistance to you on other matters, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Bobby Scott".

Robert C. "Bobby" Scott
Member of Congress

RCS/RJ



COMMONWEALTH of VIRGINIA

Department of Corrections

HAROLD W. CLARKE
DIRECTOR

P. O. BOX 2691
RICHMOND, VIRGINIA 23211
(804) 674-3011

October 7, 2015

Barry Williams #1052921
Sussex II State Prison
24427 Musselwhite Drive
Waverly, Virginia 23891

Dear Barry Williams,

Your correspondence to Congressman Robert C. "Bobby" Scott's office has been forwarded to this office for a response. In your written inquiry, you have outlined concerns regarding medical treatment. You feel as though you are not receiving adequate care for your medical condition. You claim that you sustained an injury to your right side/leg which has caused severe pain, discomfort and swelling. You note that it is difficult to walk and that your leg is cold to the touch. You hold that medical refuses to schedule you an appointment with a specialist to undergo an examination that will diagnose your condition. You request the assistance of the Congressman in rectifying this matter.

As you are aware, you are to utilize Operating Procedure 866.1, *Offender Grievance Procedure*, to address concerns such as this. It is noted that you have submitted Informal Complaints #SXII-15-INF-01269, SXII-15-INF-01678 and SXII-15-INF-04033 regarding this issue. If you were not satisfied with the response provided, you were given an opportunity to submit a grievance in accordance with the aforementioned procedure. If you have submitted a grievance regarding this issue that has been rejected for review, you may challenge the intake decision in accordance with the aforementioned procedure.

If you have not done so already, you are encouraged to sign up for sick call to discuss pain management, treatment options and the long-term plan to manage your condition with the treating physician.

I trust that this information is of benefit to you.

Sincerely,

A handwritten signature in black ink, appearing to read "Melissa Welch".

Melissa Welch
Correspondence Unit Manager

cc: Wendell Pixley, Warden

MW/cf

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